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STATE OF WASHINGTON
THURSTON COUNTY SUPERIOR COURT

MIKE KREIDLER,
INSURANCE COMMISSIONER,

NO. 03-2-00401-1

FIRST REPORT OF RECEIVER

Petitioner,

v.

WASHINGTON CASUALTY
COMPANY,

Respondent.

15 Mike Kreidler, Insurance Commissioner of the State of Washington and
16 Statutory Receiver of Washington Casualty Company in Rehabilitation ("WCC"),
17 James T. Odiorne, Deputy Insurance Commissioner and Court-appointed Receiver of
18 WCC, and John B. Woodall, Special Deputy Insurance Commissioner and Court-
appointed Deputy Receiver of WCC, by and through their attorneys, Christine
Gregoire, Attorney General, and Christina Gerstung Beusch, Assistant Attorney
General, hereby submit the First Report of Receiver pursuant to RCW 48.31.040(5),
and state as follows:

- 19 1. *Order of Rehabilitation.* On March 6, 2003, this Court entered an Order of
20 Rehabilitation and Appointment of Receiver placing WCC into rehabilitation
21 proceedings pursuant to Chapters 48.31 and 48.99 RCW, and appointing the
22 Statutory Receiver, Receiver, and Deputy Receiver. Pursuant to RCW
23 48.31.045, a 90-day stay was imposed on all cases in which WCC, as the insurer,
24 was obligated to provide a defense. The stay was continued for another 90-day
period by order entered on May 28, 2003.
2. *Accounting to the Court.* RCW 48.31.040(5) and the Order of Rehabilitation
require that the Receiver make accountings to the Court not less than semi-

1 annually. The semi-annual reporting schedule in this receivership requires a
2 report to be filed no later than in September and March of each year that the
3 receivership is in existence.

- 4 3. *Financial Report.* Attached hereto as Exhibit A is the June 30, 2003, quarterly
5 financial statement of WCC. As of the June quarterly statement, WCC had a
6 capital and surplus deficit, as calculated under Statutory Accounting Principles
7 ("SAP"), in the amount of \$6,072,702. The Insurance Commissioner has
8 adopted regulations promulgating SAP as the accounting treatment to be used by
9 insurance companies transacting business in Washington. RCW 48.05.073;
10 WAC 284.07.050. The recent history of the financial condition of WCC is as
11 follows.

12 The Annual Financial Statement as of December 31, 2002, filed with the Office
13 of the Insurance Commissioner ("OIC"), stated the company had a capital an
14 surplus deficit of approximately \$4 million. The OIC and Receiver determined
15 that certain items shown as admitted assets on that Annual Statement should have
16 been recorded as non-admitted assets under SAP. Consequently, an adjustment
17 was made to "non-admit" those assets. As a result, the March 31, 2003, quarterly
18 financial statement showed a reduction in assets in the amount of \$2,547,618.00,
19 in addition to operating losses for the quarter in the amount of \$2,954,636.00.
20 The capital and surplus deficit as of March 31, 2003, was \$8,850,000.

21 In the month of April 2003 the company experienced an operating loss of
22 \$486,291.00. In the month of May 2003 the company produced an operating
23 profit of \$1,455,559.00. In the month of June 2003 an operating profit of
24 \$244,819.00 was recorded by the company. The recent operating profits are
likely due to a decrease in some operating expenses, an increase in premium
revenue due to a rate increase, and the elimination of a line of business that was
not profitable. The Receiver cannot anticipate with certainty that operating
profits will continue. However, the cash flow of the company remains strong,
and all obligations are being paid as they come due.

The Court's attention is called to RCW 48.05.340 which requires an insurance
company, such as WCC, to have a combined capital and surplus of at least \$6
million. In addition, the provisions of RCW 48.05.430 through .490 require an
insurance company to have in surplus a supplemental amount determined by the
company's risk based capital formula. To emerge from receivership, WCC will
need to overcome its deficit and have a positive capital and a minimum surplus of
at least \$6.0 million.

- 1 4. *Retention of Policyholders.* There has been a reduction in the number of
2 policyholders since December 31, 2002. However, taking into account the fact of
3 the receivership, the number of renewals has been encouraging. The Receiver
4 will continue to place emphasis on retaining current policyholders.
- 5 5. *Reinsurance.* Because of the high dollar exposure of hospitals and community
6 health clinics to medical malpractice awards, it is necessary for WCC to secure
7 reinsurance to cover losses above those amounts WCC believes it can prudently
8 absorb. WCC's reinsurance contracts expired June 30, 2003. A diligent
9 worldwide search was made to obtain reinsurance when WCC was notified by its
10 then reinsurers that the contracts would not be renewed for the period beginning
11 July 1, 2003. No companies could be found that were willing to reinsure WCC at
12 a price that could be afforded. WCC subsequently entered a partnership with a
13 Connecticut based insurance group for that group to write upper limits liability
14 policies on those hospitals and community health clinics where WCC insured the
15 primary limits. Such policies are designed to have both contracts have
16 concurrent terms. It is the intent of the Receiver to continue with this
17 arrangement until such time as a willing and affordable reinsurer can be found.
- 18 6. *Operating Expenses.* Since the commencement of the receivership efforts have
19 been made to reduce expenses. Significant cost reductions have been achieved
20 by moving the company offices in Bellevue to smaller quarters in Issaquah
21 resulting in annual savings of \$44,916; there has been a reduction in staff from 20
22 employees to 17; the renegotiation of WCC's information system vender's
23 contract from \$21,780.00 per month to \$13,200.00 per month effective August 1,
24 2003, was achieved; and counsel who provide a defense on behalf of WCC's
insureds have been notified of a reduction in their hourly rate. At this time, there
are not other identifiable areas in which operating expenses can be reduced.
7. *Administration of Claims.* In March 2003, there were 432 open claims. As of
August 1, 2003, there were 367 open claims against insureds of WCC. At this
time, the Receiver believes that there will continue to be a decline in the number
of open claims.
8. *Issues with Holding Company.* The stock of WCC is wholly owned by
Northwest Health Insurance Services, Inc. ("NHIS"), which is a non-profit
mutual corporation organized under Chapter 24.06 RCW by its hospital members
for the purpose of insuring against liability claims. The only business conducted
by NHIS is the insurance business of WCC, and the only income of NHIS is from
WCC. The operation of NHIS is wholly interrelated with the business of WCC.
For instance, the computer system used by WCC is leased to it by NHIS, and the

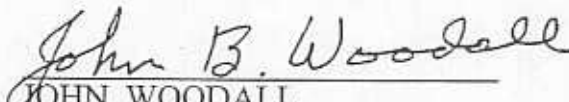


1 lease payments are used to pay off the loan incurred by NHIS for the purchase of
2 the system ("Leased Equipment"). The computer equipment and certain
3 securities of WCC are pledged as collateral on the loan. NHIS is also the trustee
4 on the retirement and money market purchase plans WCC offers its employees
("Employee Plans"). In addition, NHIS is indebted to WCC on an intercompany
note and an intercompany balance for expense allocation.

5 In order to protect the Leased Equipment and the Employee Plans, WCC and
6 NHIS are in negotiations to reach some form of agreement that would ensure that
7 the Receiver is able to obtain and maintain control over these NHIS assets related
obligations that are so integral to the operation of WCC. If an agreement is
reached, the Receiver will present it to the Court and ask for approval.

- 8
9 9. *Continued Prospects for Rehabilitation.* The rehabilitation of WCC is presently
10 dependent on an irreducible core of hospitals and community health clinics
11 remaining as WCC policyholders. Consequently, at the present time, the
Receiver's primary effort is in retaining policyholders and holding the current
12 course. The Receiver is also looking out for the possibility that a transaction
with another insurer under the right terms and conditions may be an option.

13 DATED this 21st day of August, 2003.

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15 
16 JOHN WOODALL,
17 Deputy Receiver for
18 Washington Casualty Company.
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QUARTERLY STATEMENT
OF THE
Washington Casualty Company (In
Rehabilitation)

Of
Issaquah
in the state of WA

to the Insurance Department
of the State of Washington

For the Period Ended
June 30, 2003

2003



QUARTERLY STATEMENT

As of June 30, 2003
of the Condition and Affairs of the

Washington Casualty Company (In Rehabilitation)

NAIC Group Code..... (Current Period) (Prior Period)	NAIC Company Code..... 42510	Employer's ID Number..... 91-1483910
Organized under the Laws of Washington Incorporated..... June 21, 1990	State of Domicile or Port of Entry Washington Commenced Business..... October 1, 1990	Country of Domicile US
Statutory Home Office	6520 - 226th Place SE, Suite 200..... Issaquah WA 98027-8969 (Street and Number) (City or Town, State and Zip Code)	
Main Administrative Office	6520 - 226th Place SE, Suite 200..... Issaquah WA 98027-8969 (Street and Number) (City or Town, State and Zip Code)	425-526-2250 (Area Code) (Telephone Number)
Mail Address	6520 - 226th Place SE, Suite 200..... Issaquah WA 98027-8969 (Street and Number or P. O. Box) (City or Town, State and Zip Code)	
Primary Location of Books and Records	6520 - 226th Place SE, Suite 200..... Issaquah WA 98027-8969 (Street and Number) (City or Town, State and Zip Code)	425-526-2250 (Area Code) (Telephone Number)
Internet Website Address	wacasualty.com	
Statutory Statement Contact	Mickey R Salas (Name) msalas@wacasualty.com (E-Mail Address)	425-526-2261 (Area Code) (Telephone Number) (Extension) 425-526-2294 (Fax Number)
Policyowner Relations Contact	6520 - 226th Place SE, Suite 200..... Issaquah WA 98027-8969 (Street and Number) (City or Town, State and Zip Code)	425-526-2250 (Area Code) (Telephone Number) (Extension)

OFFICERS

President John Barney Woodall	Treasurer Marc Anthony Mrkvicka	Secretary Mark Carroll Hannan III
Sharon Lanik Hall	James Patrick McMahon	Marc Anthony Mrkvicka

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

State of..... Washington
County of..... King

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

John B. Woodall
(Signature)
John Barney Woodall
(Printed Name)
President

Mark Carroll Hannan III
(Signature)
Mark Carroll Hannan III
(Printed Name)
Secretary

Marc Anthony Mrkvicka
(Signature)
Marc Anthony Mrkvicka
(Printed Name)
Treasurer

Subscribed and sworn to before me this

13th day of August 2003
Nancy J. Miller
Nancy J. Miller
Issaquah, WA
MY APPOINTMENT EXPIRES 09/19/05



ASSETS

	Current Statement Date			December 31 Prior Year Not Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	10,308,290	883,325	9,424,965	13,920,52
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....	3,764,435		3,764,435	2,932,53
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....1,965,489) and short-term investments (\$.....7,851,370).....	9,816,839		9,816,839	8,522,37
6. Contract loans (including \$.....0 premium notes).....			0	
7. Other invested assets.....	653,066	653,066	0	751,08
8. Receivable for securities.....			0	
9. Aggregate write-ins for invested assets.....	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9).....	24,542,630	1,536,391	23,006,239	26,129,51
11. Investment income due and accrued.....	131,216		131,216	151,88
12. Premiums and considerations:				
12.1 Uncollected premiums and agents' balances in course of collection.....	65,146		65,146	(271,93
12.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	6,994,147		6,994,147	5,577,06
12.3 Accrued retrospective premiums.....			0	
13. Reinsurance:				
13.1 Amounts recoverable from reinsurers.....	1,622,256		1,622,256	4,743,92
13.2 Funds held by or deposited with reinsured companies.....	1,066,789		1,066,789	
13.3 Other amounts receivable under reinsurance contracts.....			0	
14. Amounts receivable relating to uninsured plans.....			0	
15.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
15.2 Net deferred tax asset.....	429,804	429,804	0	429,804
16. Guaranty funds receivable or on deposit.....			0	
17. Electronic data processing equipment and software.....			0	
18. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
19. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
20. Receivable from parent, subsidiaries and affiliates.....	113,116	113,116	0	296,484
21. Health care (\$.....0) and other amounts receivable.....			0	
22. Other assets nonadmitted.....			0	
23. Aggregate write-ins for other than invested assets.....	258,563	258,563	0	1,568
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 through 23).....	35,223,687	2,337,874	32,885,793	37,055,310
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
26. TOTALS (Lines 24 and 25).....	35,223,687	2,337,874	32,885,793	37,055,310

DETAILS OF WRITE-INS

0901.....			0	
0902.....			0	
0903.....			0	
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	0	0	0
2301. Funds held in trust.....			0	1,568
2302. Accounts Receivable.....	228,563	228,563	0	
2303. Prepaid expenses.....	30,000	30,000	0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	258,563	258,563	0	1,568

Washington Casualty Company (In Rehabilitation)

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$ 3,176,143)	24,696,709	27,303,2
2. Reinsurance payable on paid losses and loss adjustment expenses		
3. Loss adjustment expenses	10,104,792	11,458,0
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	77,369	200,3
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	(9,913)	64,9
7.1 Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))		
7.2 Net deferred tax liability		
8. Borrowed money \$ 0 and interest thereon \$ 0		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 3,136,524 and including warranty reserves of \$ 0)	4,038,968	3,659,8
10. Advance premium	203	6
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)		(1,596,1
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others		
15. Remittances and items not allocated		
16. Provision for reinsurance	1,792	1,7
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates		
20. Payable for securities		
21. Liability for amounts held under uninsured accident and health plans		
22. Capital notes \$ 0 and interest thereon \$ 0		
23. Aggregate write-ins for liabilities	48,555	48,5
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23)	38,958,495	41,051,7
25. Protected cell liabilities		
26. Total liabilities (Lines 24 and 25)	38,958,495	41,051,7
27. Aggregate write-ins for special surplus funds	0	
28. Common capital stock	3,000,000	3,000,00
29. Preferred capital stock		
30. Aggregate write-ins for other than special surplus funds	0	
31. Surplus notes		
32. Gross paid in and contributed surplus	10,720,905	9,266,6
33. Unassigned funds (surplus)	(19,783,607)	(16,263,05
34. Less treasury stock, at cost:		
34.1 0.000 shares common (value included in Line 28 \$ 0)		
34.2 0.000 shares preferred (value included in Line 29 \$ 0)		
35. Surplus as regards policyholders (Lines 27 to 33, less 34)	(6,072,702)	(3,966,39
36. TOTALS	32,885,793	37,085,31

DETAILS OF WRITE-INS

2301. Retro reinsurance premium	48,555	48,55
2302.		
2303.		
2398. Summary of remaining write-ins for Line 23 from overflow page	0	
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	48,555	48,55
2701.		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page	0	
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)	0	
3001.		
3002.		
3003.		
3098. Summary of remaining write-ins for Line 30 from overflow page	0	
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	0	



STATEMENT OF INCOME

	1 Current Year to Date	2 Previous Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 9,925,118)	8,677,738		27,413,21
1.2 Assumed (written \$ 0)			
1.3 Ceded (written \$ 4,283,932)	3,459,041		10,571,51
1.4 Net (written \$ 5,631,186)	5,218,697	0	16,841,69
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 3,247,778):			
2.1 Direct	8,292,972		50,374,73
2.2 Assumed			
2.3 Ceded	5,255,000		32,605,31
2.4 Net	3,037,972	0	17,769,41
3. Loss expenses incurred	1,584,314		7,358,38
4. Other underwriting expenses incurred	2,569,841		5,921,44
5. Aggregate write-ins for underwriting deductions	0	0	
6. Total underwriting deductions (Lines 2 through 5)	7,192,127	0	31,049,24
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(1,973,430)	0	(14,207,54)
INVESTMENT INCOME			
9. Net investment income earned	233,637		844,66
10. Net realized capital gains (losses)	(716)		30,59
11. Net investment gain (loss) (Lines 9 + 10)	232,921	0	875,25
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 0)			
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income	0	0	
15. Total other income (Lines 12 through 14)	0	0	
16. Net income before dividends to policyholders and before federal and foreign income taxes (Lines 8 + 11 + 15)	(1,740,509)	0	(13,332,28)
17. Dividends to policyholders			
18. Net income after dividends to policyholders but before federal and foreign income taxes (Line 16 minus 17)	(1,740,509)	0	(13,332,28)
19. Federal and foreign income taxes incurred			(129,58)
20. Net income (Line 18 minus Line 19) (to Line 22)	(1,740,509)	0	(13,202,71)
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 previous year	(3,996,393)		8,611,14
GAINS AND (LOSSES) IN SURPLUS			
22. Net income (from Line 20)	(1,740,509)	0	(13,202,71)
23. Change in net unrealized capital gains or losses	425,334		(550,22)
24. Change in net unrealized foreign exchange capital gain (loss)			
25. Change in net deferred income taxes			(745,46)
26. Change in nonadmitted assets	(2,215,382)		(20,054)
27. Change in provision for reinsurance			16,201
28. Change in surplus notes			
29. Surplus (contributed to) withdrawn from protected cells			
30. Cumulative effect of changes in accounting principles			
31. Capital changes:			
31.1 Paid in			
31.2 Transferred from surplus (Stock Dividend)			
31.3 Transferred to surplus			
32. Surplus adjustments:			
32.1 Paid in	1,454,246		1,620,661
32.2 Transferred to capital (Stock Dividend)			
32.3 Transferred from capital			
33. Net remittances from or (to) Home Office			
34. Dividends to stockholders			
35. Change in treasury stock			
36. Aggregate write-ins for gains and losses in surplus	0	0	274,057
37. Change in surplus as regards policyholders (Lines 22 through 36)	(2,076,311)	0	(12,907,533)
38. Surplus as regards policyholders, as of statement date (Lines 21 plus 37)	(6,072,704)	0	(3,996,393)
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0
1401. Lines 23 and 29 from 2000 Annual Statement			
1402. Other income			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	0
3601. Lines 23 and 29 from 2000 Annual Statement			
3602. Required adjustment for market adjustment of grade 3 bond			274,057
3603.			
3698. Summary of remaining write-ins for Line 36 from overflow page	0	0	0
3699. Totals (Lines 3601 thru 3603 plus 3698) (Line 36 above)	0	0	274,057

CASH FLOW

	1 Current Year to Date	2 Prior Year Ended December 31
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance	4,472,674	16,563,8
2. Net investment income	313,065	930,3
3. Miscellaneous income		
4. Total (Lines 1 through 3)	4,785,759	17,494,2
5. Benefit and loss related payments	2,514,463	21,599,6
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	5,715,168	6,212,1
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) \$.0 net tax on capital gains (losses)		(129,5)
10. Total (Lines 5 through 9)	8,228,631	27,682,1
11. Net cash from operations (Line 4 minus Line 10)	(3,443,872)	(10,187,9)
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	3,543,089	7,091,2
12.2 Stocks		401,2
12.3 Mortgage loans		506,4
12.4 Real estate		
12.5 Other invested assets	96,022	167,5
12.6 Net gains or (losses) on cash and short-term investments		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)	3,641,111	8,166,6
13. Cost of investments acquired (long-term only):		
13.1 Bonds		9,731,5
13.2 Stocks	406,528	255,73
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Lines 13.1 to 13.6)	406,528	9,987,2
14. Net increase (decrease) in policy loans and premium notes		
15. Net cash from investments (Line 12.8 minus Lines 13.7 and 14)	3,234,583	(1,800,6)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock	1,454,246	1,620,65
16.3 Borrowed funds received		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	49,511	(1,801,9)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	1,503,757	(181,3)
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
18. Net change in cash and short-term investments (Line 11 plus Line 15 plus Line 17)	1,294,468	(12,169,9)
19. Cash and short-term investments:		
19.1 Beginning of year	8,522,372	20,692,33
19.2 End of period (Line 18 plus Line 19.1)	9,816,840	8,522,37

NOTES TO FINANCIAL STATEMENTS

Washington Casualty Company (In Rehabilitation)

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements? Yes ☐ No ☒

1.2 If yes, explain:.....

2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes ☐ No ☒

2.2 If yes, has the report been filed with the domiciliary state? Yes ☐ No ☐

3.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes ☐ No ☒

3.2 If yes, date of change:
If not previously filed, furnish herewith a certified copy of the instrument as amended.

4. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes ☐ No ☒
If yes, attach an organizational chart.

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes ☐ No ☒

5.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes ☐ No ☐ N/A ☒
If yes, attach an explanation.

7.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/1997.....

7.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/1996.....

7.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 08/08/1998.....

7.4 By what department or departments? Washington Commissioner of Insurance

8.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) Yes ☒ No ☐

8.2 If yes, give full information: Oregon & Idaho Insurance Department suspended license.

9.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes ☐ No ☒

9.2 If response to 9.1 is yes, please identify the name of the bank holding company.

9.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes ☐ No ☒

9.4 If the response to 9.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)) and identify the affiliate's primary federal regulator.

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC

GENERAL INTERROGATORIES (continued)

(Responses to these Interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

INVESTMENT

10.1 Has there been any change in the reporting entity's own preferred or common stock? Yes ☐ No ☒

10.2 If yes, explain: _____

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes ☒ No ☐

11.2 If yes, give full and complete information relating thereto:

The Company's assets are pledged as collateral for loans of its Parent.

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: _____

13. Amount of real estate and mortgages held in short-term investments: _____

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes ☒ No ☐

14.2 If yes, please complete the following:

	1 Prior Year-End Statement Value	2 Current Quarter Statement Value
14.21 Bonds.....		
14.22 Preferred Stock.....		
14.23 Common Stock.....		
14.24 Short-Term Investments.....		
14.25 Mortgages, Loans or Real Estate.....		
14.26 All Other.....	\$ 751,088	\$ 653,066
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ 751,088	\$ 653,066
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above.....		
14.29 Receivable from Parent not included in Lines 14.21 to 14.26 above.....	\$ 206,484	\$ 113,116

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes ☐ No ☒

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

If no, attach a description with this statement.

Yes ☐ No ☒Yes ☐ No ☒

16. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1-General, Section IV, H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes ☒ No ☐

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
US Bank	Seattle, WA
BNY Western Trust Company	Seattle, WA

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation.

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
Charles Schwab	Seattle, WA	In order to comply with the NAIC, WCC opened an Equity Custodial Account with

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes ☐ No ☒

16.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

GENERAL INTERROGATORIES (continued)

PART 2

PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?
If yes, attach an explanation.

Yes ☐ No ☐ N/A ☐

2. Has the reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?
If yes, attach an explanation.

Yes ☐ No ☒

- 3.1 Have any of the reporting entity's primary reinsurance contracts been canceled?
3.2 If yes, give full and complete information thereto:

Yes ☐ No ☒

- 4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation liabilities tabular reserves (see annual statement instructions pertaining to disclosure of discounting for definition of "tabular reserves") discounted at a rate of interest greater than zero?

Yes ☐ No ☒

- 4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Disc. Rate	Total Discount				Discount Taken During Period			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 Total	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 Total
						0				
Total	XXX	XXX	0	0	0	0	0	0	0	0

Washington Casualty Company (In Rehabilitation)

SCHEDULE A - VERIFICATION

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Increase (decrease) by adjustment.....		
3. Cost of acquired.....		
4. Cost of additions to and permanent improvements.....		
5. Total profit (loss) on sales.....		
6. Increase (decrease) by foreign exchange adjustment.....		
7. Amount received on sales.....		
8. Book/adjusted carrying value at end of current period.....	0	
9. Total valuation allowance.....	0	
10. Subtotal (Lines 8 plus 9).....	0	
11. Total nonadmitted amounts.....		
12. Statement value, current period (Page 2, real estate lines, current period).....	0	

NONE

SCHEDULE B - VERIFICATION

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year.....	0	506,4
2. Amount loaned during period:		
2.1 Actual cost at time of acquisitions.....		
2.2 Additional investment made after acquisitions.....		
3. Accrual of discount and mortgage interest points and commitment fees.....		
4. Increase (decrease) by adjustment.....		
5. Total profit (loss) on sale.....		
6. Amounts paid on account or in full during the period.....		506,4
7. Amortization of premium.....		
8. Increase (decrease) by foreign exchange adjustment.....		
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period.....	0	
10. Total valuation allowance.....	0	
11. Subtotal (Lines 9 plus 10).....	0	
12. Total nonadmitted amounts.....		
13. Statement value of mortgages owned at end of current period.....	0	

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year.....	751,088	938,61
2. Cost of acquisitions during period:		
2.1 Actual cost at time of acquisitions.....		
2.2 Additional investment made after acquisitions.....		
3. Accrual of discount.....		
4. Increase (decrease) by adjustment.....		
5. Total profit (loss) on sale.....		
6. Amounts paid on account or in full during the period.....	98,022	187,54
7. Amortization of premium.....		
8. Increase (decrease) by foreign exchange adjustment.....		
9. Book/adjusted carrying value of long-term invested assets at end of current period.....	653,066	751,08
10. Total valuation allowance.....		
11. Subtotal (Lines 9 plus 10).....	653,066	751,08
12. Total nonadmitted amounts.....	653,066	
13. Statement value of long-term invested assets at end of current period.....	0	751,08

SCHEDULE D - VERIFICATION

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	16,853,058	14,908,56
2. Cost of bonds and stocks acquired.....	406,528	9,987,27
3. Accrual of discount.....	4,657	
4. Increase (decrease) by adjustment.....	425,330	(580,80)
5. Increase (decrease) by foreign exchange adjustment.....		
6. Total profit (loss) on disposal.....	(716)	30,59
7. Consideration for bonds and stocks disposed of.....	3,542,373	7,492,57
8. Amortization of premium.....	73,801	
9. Book/adjusted carrying value, current period.....	14,072,683	16,853,05
10. Total valuation allowance.....		
11. Subtotal (Lines 9 plus 10).....	14,072,683	16,853,05
12. Total nonadmitted amounts.....		
13. Statement value (Lines 11 minus 12).....	14,072,683	16,853,05

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1.....	17,147,474	1,753,857	1,573,979	(37,706)	17,147,474	17,469,647		19,890,223
2. Class 2.....	869,912		200,000	103	869,912	670,015		882,127
3. Class 3.....								
4. Class 4.....								
5. Class 5.....								
6. Class 6.....								
7. Total Bonds.....	18,017,386	1,753,857	1,573,979	(37,603)	18,017,386	18,159,662	0	20,772,350
PREFERRED STOCK								
8. Class 1.....								
9. Class 2.....								
10. Class 3.....								
11. Class 4.....								
12. Class 5.....								
13. Class 6.....								
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	18,017,386	1,753,857	1,573,979	(37,603)	18,017,386	18,159,662	0	20,772,350

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Amount of Interest Received Current Quarter	5 Paid for Accrued Interest
8099099. Totals.....	7,851,370	XXX	7,851,370	17,845	

SCHEDULE DA - PART 2 - Verification

Short-Term Investments Owned

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	6,851,825	18,093,03
2. Cost of short-term investments acquired.....	3,589,518	4,355,87
3. Increase (decrease) by adjustment.....		
4. Increase (decrease) by foreign exchange adjustment.....		
5. Total profit (loss) on disposal of short-term investments.....		
6. Consideration received on disposal of short-term investments.....	7,569,973	15,607,071
7. Book/adjusted carrying value, current period.....	7,851,370	6,851,821
8. Total valuation allowance.....		
9. Subtotal (Lines 7 plus 8).....	7,851,370	6,851,821
10. Total nonadmitted amounts.....		
11. Statement value (Lines 9 minus 10).....	7,851,370	6,851,821
12. Income collected during period.....	36,527	310,562
13. Income earned during period.....	36,527	310,562

Sch. DB-Part F-Section 1
NONE

Sch. DB-Part F-Section 2
NONE

Sch. F
NONE

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Is Insurer Licensed? (Yes or No)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	7 Prior Year to Date
1. Alabama.....AL	NO						
2. Alaska.....AK	NO						
3. Arizona.....AZ	NO						
4. Arkansas.....AR	NO						
5. California.....CA	NO						
6. Colorado.....CO	NO						
7. Connecticut.....CT	NO						
8. Delaware.....DE	NO						
9. District of Columbia.....DC	NO						
10. Florida.....FL	NO						
11. Georgia.....GA	NO						
12. Hawaii.....HI	NO						
13. Idaho.....ID	YES	44,634	(36,302)	1,345,048	769,783	2,601,696	7,232,51
14. Illinois.....IL	NO						
15. Indiana.....IN	NO						
16. Iowa.....IA	NO						
17. Kansas.....KS	NO						
18. Kentucky.....KY	NO						
19. Louisiana.....LA	NO						
20. Maine.....ME	NO						
21. Maryland.....MD	NO						
22. Massachusetts.....MA	NO						
23. Michigan.....MI	NO						
24. Minnesota.....MN	NO						
25. Mississippi.....MS	NO						
26. Missouri.....MO	NO						
27. Montana.....MT	YES		(44,342)		(19,069)	466,765	61,15
28. Nebraska.....NE	NO						
29. Nevada.....NV	YES						
30. New Hampshire.....NH	NO						
31. New Jersey.....NJ	NO						
32. New Mexico.....NM	NO						
33. New York.....NY	NO						
34. North Carolina.....NC	NO						
35. North Dakota.....ND	NO						
36. Ohio.....OH	NO						
37. Oklahoma.....OK	NO						
38. Oregon.....OR	YES	163,392	524,965	522,225	850,721	7,173,800	2,599,01
39. Pennsylvania.....PA	NO						
40. Rhode Island.....RI	NO						
41. South Carolina.....SC	NO						
42. South Dakota.....SD	NO						
43. Tennessee.....TN	NO						
44. Texas.....TX	NO						
45. Utah.....UT	NO						
46. Vermont.....VT	NO						
47. Virginia.....VA	NO						
48. Washington.....WA	YES	9,710,408	11,086,450	11,132,816	8,833,123	50,697,265	35,874,89
49. West Virginia.....WV	NO						
50. Wisconsin.....WI	NO						
51. Wyoming.....WY	NO						
52. American Samoa.....AS	NO						
53. Guam.....GU	NO						
54. Puerto Rico.....PR	NO						
55. US Virgin Islands.....VI	NO						
56. Canada.....CN	NO						
57. Aggregate Other Alien.....OT	XXX	0	0	0	0	0	0
58. Totals.....(a)	5	9,918,434	11,530,771	13,000,091	10,440,558	60,939,546	45,767,57

DETAILS OF WRITE-INS

5701.....	XXX						
5702.....	XXX						
5703.....	XXX						
5798. Summary of remaining write-ins for Line 57 from overflow page.....	XXX	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 + Line 5798) (Line 57 above).....	XXX	0	0	0	0	0	0

(a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date			Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire.....			0.0	
2. Allied lines.....			0.0	
3. Farmowners multiple peril.....			0.0	
4. Homeowners multiple peril.....			0.0	
5. Commercial multiple peril.....			0.0	
6. Mortgage guaranty.....			0.0	
8. Ocean marine.....			0.0	
9. Inland marine.....			0.0	
10. Financial guaranty.....			0.0	
11.1. Medical malpractice-occurrence.....	1,312,184	290,747	22.2	33.
11.2. Medical malpractice-claims made.....	5,881,980	7,716,563	131.2	113.1
12. Earthquake.....			0.0	
13. Group accident and health.....			0.0	
14. Credit accident and health.....			0.0	
15. Other accident and health.....			0.0	
16. Workers' compensation.....			0.0	
17.1. Other liability-occurrence.....			0.0	
17.2. Other liability-claims made.....	1,483,575	255,652	19.3	48.
18.1. Products liability-occurrence.....			0.0	
18.2. Products liability-claims made.....			0.0	
19.1, 19.2 Private passenger auto liability.....			0.0	
19.3, 19.4 Commercial auto liability.....			0.0	
21. Auto physical damage.....			0.0	
22. Aircraft (all perils).....			0.0	
23. Fidelity.....			0.0	
24. Surety.....			0.0	
26. Burglary and theft.....			0.0	
27. Boiler and machinery.....			0.0	
28. Credit.....			0.0	
29. International.....			0.0	
30. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX	XXX
31. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX	XXX
33. Aggregate write-ins for other lines of business.....	0	0	0.0	0.1
34. Totals.....	8,677,739	8,292,572	95.6	86.
DETAILS OF WRITE-INS				
3301.....			0.0	
3302.....			0.0	
3303.....			0.0	
3398. Sum. of remaining write-ins for Line 33 from overflow page.....	0	0	0.0	0.1
3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33).....	0	0	0.0	0.1

PART 2 - DIRECT PREMIUMS WRITTEN

Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire.....			
2. Allied lines.....			
3. Farmowners multiple peril.....			
4. Homeowners multiple peril.....			
5. Commercial multiple peril.....			
6. Mortgage guaranty.....			
8. Ocean marine.....			
9. Inland marine.....			
10. Financial guaranty.....			
11.1. Medical malpractice-occurrence.....	185,012	581,488	3,071,840
11.2. Medical malpractice-claims made.....	3,686,761	7,578,229	6,843,585
12. Earthquake.....			
13. Group accident and health.....			
14. Credit accident and health.....			
15. Other accident and health.....			
16. Workers' compensation.....			
17.1. Other liability-occurrence.....			
17.2. Other liability-claims made.....	854,777	1,758,717	1,615,346
18.1. Products liability-occurrence.....			
18.2. Products liability-claims made.....			
19.1, 19.2 Private passenger auto liability.....			
19.3, 19.4 Commercial auto liability.....			
21. Auto physical damage.....			
22. Aircraft (all perils).....			
23. Fidelity.....			
24. Surety.....			
26. Burglary and theft.....			
27. Boiler and machinery.....			
28. Credit.....			
29. International.....			
30. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX
31. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX
33. Aggregate write-ins for other lines of business.....	0	0	0
34. Totals.....	4,726,550	9,918,434	11,530,771
DETAILS OF WRITE-INS			
3301.....			
3302.....			
3303.....			
3398. Sum. of remaining write-ins for Line 33 from overflow page.....	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33).....	0	0	0

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (a) (Cols. 1 + 2)	2003 Loss and LAE Payments on Claims Reported as of Prior Year-End	Total 2003 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (b) (Cols. 7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings) Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings) Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserves Developed (Savings) Deficiency (c) (Cols. 11 + 12)
1. 2000 + Prior	5,985	7,442	13,427	4,105	4,105	4,374		4,731	9,105	2,404	(2,711)	(217)
2. 2001	6,823	8,315	15,138	3,009	3,009	5,356		6,132	11,488	1,542	(2,183)	(841)
3. Subtotals 2001 + Prior	12,808	15,757	28,565	7,114	7,114	9,730	0	10,863	20,593	4,036	(4,894)	(859)
4. 2002	5,036	5,170	10,206	1,212	1,212	5,272		5,510	11,032	1,398	840	2,038
5. Subtotals 2002 + Prior	17,844	20,927	38,771	8,326	8,326	14,952	0	16,573	31,625	5,434	(4,254)	1,180
6. 2003	XXX	XXX	XXX	287	287	XXX	1,134	2,042	3,178	XXX	XXX	XXX
7. Totals	17,844	20,927	38,771	8,613	8,613	14,952	1,134	18,715	34,801	5,434	(4,254)	1,180
8. Prior Year-End's Surplus As Regards Policyholders	(3,995)											
										Col. 11 Line 7 As % of Col. 1, Line 7	Col. 12 Line 7 As % of Col. 2, Line 7	Col. 13 Line 7 As % of Col. 3, Line 7
										30.5 %	20.3 %	3.0 %
												Col. 13, Line 7 Line 8
												4. (29.5) %

(a) Should equal prior year-end Annual Statement, Page 3, Col. 1, Lines 1 + 3.
(b) Should equal Q.S. Page 3, Col. 1, Lines 1 and 3.
(c) Should also equal Cols. 6 + 10 less Col. 3 for Lines 1 through 5 only.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- | | RESPONSE |
|--------------------------------------------------------------------------------------------------------------|------------|
| 1. Will the SVO Compliance Certification be filed with this statement? | <u>YES</u> |
| 2. Will the Trusteed Surplus Statement be filed with the State of Domicile and the NAIC with this statement? | <u>NO</u> |
| 3. Will Supplement A to Schedule T (Medical Malpractice Supplement) be filed with this statement? | <u>YES</u> |

EXPLANATIONS:

BAR CODE:



Overflow Page
NONE

Sch. A-Part 2
NONE

Sch. A-Part 3
NONE

Sch. B-Part 1
NONE

Sch. B-Part 2
NONE

Sch. BA-Part 1
NONE

Sch. BA-Part 2
NONE

Submitted for June 30, 2003 of the
Washington Casualty Company (In Rehabilitation)

SCHEDULE D - PART 3

Show all Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1 CUSIP Identification	2 Description	3 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Per Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation (a)
Common Stocks - Industrial and Miscellaneous								
United States								
233203 827	DFA US Large Cap Value P	06/24/2003	Charles Schwab	50,351	728			
922908 10 0	Vanguard S&P 500 Index	06/24/2003	BNY Western Trust Company	61,774	5,275			
889599	Total - Common Stocks - Industrial & Miscellaneous					XXX		XXX
708597	Total - Common Stocks - Part 1					XXX		XXX
708598	Total - Common Stocks					XXX		XXX
718999	Total - Preferred and Common Stocks					XXX		XXX
728999	Total - Bonds, Preferred and Common Stocks					XXX		XXX
(a) For all common stock bearing the NAIC designation "U" provide: the number of such issues: 0								

Statement for June 30, 2003 of the **Washington Casualty Company (In Rehabilitation)**

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Book/Adjusted Carrying Value At Disposal Date	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Interest on Bonds Received During Year	Dividends on Stocks Received During Year	NAIC Designation (a)
Bonds - U.S. Government																
36203B 2017	GNMA Pool #344637	06/15/2003	PRINCIPAL RECEIPT		1,353	1,353	1,357	1,353	(5)							
36206U BR 1	GNMA Pool #421828	06/15/2003	PRINCIPAL RECEIPT		39,134	39,134	37,911	39,134	1,133							
36207W VX 3	GNMA Pool #444130	06/15/2003	PRINCIPAL RECEIPT		31,773	31,773	31,604	31,773	167							
36220M FX 2	GNMA Pool #231892	06/15/2003	PRINCIPAL RECEIPT		14,407	14,407	14,100	14,407	240							
36224C JE 8	GNMA Pool #324361	06/15/2003	PRINCIPAL RECEIPT		24,312	24,312	24,145	24,312	157							
36224M XE 4	GNMA Pool #324363	06/15/2003	PRINCIPAL RECEIPT		9,548	9,548	9,506	9,548	37							
36224Y MA 8	GNMA Pool #324379	06/15/2003	PRINCIPAL RECEIPT		22,045	22,045	22,045	22,045	(1)							
742651 BY 7	Private Export Financing Corp.	04/01/2003	Smith Barney		10,000	10,000	9,870	9,881	4							
038099 1	Total - Bonds - U.S. Government				152,572	152,572	150,545	152,553	1,734							
Bonds - Special Revenue and Special Assessment																
Michigan																
594570 G1 1	Michigan Higher Ed Student Ln Auth.	06/20/2003	Hough		500,000	500,000	489,980	500,001	31							
United States																
31355V 3B 7	Federal Natl Mfg Assn 1999-27 CB	06/01/2003	PRINCIPAL RECEIPT		358,759	358,759	305,850	358,759	(7,105)							
31360H U1 3	FEMA Pool #003895 GL	06/25/2003	PRINCIPAL RECEIPT		12,709	12,709	13,472	12,709	163							
31382U PT 5	FHL MC REMIC TR 080702	06/15/2003	PRINCIPAL RECEIPT		63,718	63,718	65,144	63,718	(1,286)							
313852 C1 0	FHL MC Gold Pool D17773	06/15/2003	PRINCIPAL RECEIPT		42	42	42	42								
U.S.																
United States																
319298 0	Total - Bonds - Special Revenue & Assessment				935,228	935,228	944,408	935,229	(8,202)							
Bonds - Industrial and Miscellaneous																
United States																
07383P AX 8	Blair Stearns Commercial Mortgage	08/16/2003	PRINCIPAL RECEIPT		15,703	15,703	17,008	15,703	(1,245)							
23333V BQ 2	Delmar Chrysler Auto Trust 2002-8	09/05/2003	PRINCIPAL RECEIPT		145,502	145,502	145,593	145,502	(71)							
25882P AD 4	Enterprise NTS	05/15/2003	MATURITY		200,000	200,000	199,076	200,000	80							
448678 ED 6	IMC Hm En Loan TR 99-1 M1	06/20/2003	PRINCIPAL RECEIPT		8,826	8,826	8,826	8,826	5							
553093 CF 1	MCA Automobile Trust	06/16/2003	Undefined		56,057	56,057	57,239	56,057	(379)							
760947 S2 8	Residential Fdg Corp.	06/25/2003	PRINCIPAL RECEIPT		19,085	19,085	19,750	19,085	(427)							
78442G AL 0	SLM Student Loan Trust 1997-1	04/25/2003	PRINCIPAL RECEIPT		39,540	39,540	39,507	39,540	33							
United States																
459999 0	Total - Bonds - Industrial & Miscellaneous				484,713	484,713	487,054	484,713	(2,065)							
609997 0	Total - Bonds - Part 4				1,572,513	1,572,513	1,582,127	1,572,513	(8,574)							
609999 0	Total - Bonds				1,572,513	1,572,513	1,582,127	1,572,513	(8,574)							
728695 0	Total - Bonds, Preferred and Common Stocks				1,572,513	1,572,513	1,582,127	1,572,513	(8,574)							

(a) For all common stock bearing the NAIC designation "U" provide the number of such issues: 0

Sch. DB-Part A-Section 1
NONE

Sch. DB-Part B-Section 1
NONE

Sch. DB-Part C-Section 1
NONE

Sch. DB-Part D-Section 1
NONE

WASHINGTON CASUALTY COMPANY (in Rehabilitation)

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

Month End Depository Balances								9
1 Depository	2 Rate of Interest	3 Amount of Interest Received During Current Quarter	4 Amount of Interest Accrued at Current Statement Date	5 Book Balance at End of Each Month During Current Quarter			8	
				5 First Month	6 Second Month	7 Third Month		
Open Depositories								
US Bank Certificate of Deposit.....	0.900		479	212,741	212,741	212,741	XX	
US Bank Cash Management Account.....	Varies.....	3,234		2,082,135	1,490,196	1,725,952	XX	
US Bank General Account.....	Zero.....			(106,261)	6,859	23,198	XX	
0199998. Deposits in3 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories.....	XXX.....			14,939	178,261	3,579	XX	
0199999. Total Open Depositories.....	XXX.....	3,234	479	2,203,554	1,888,057	1,955,470	XX	
0399999. Total Cash on Deposit.....	XXX.....	3,234	479	2,203,554	1,888,057	1,955,470	XX	
0599999. Total Cash.....	XXX.....	3,234	479	2,203,554	1,888,057	1,955,470	XX	

Statement for June 30, 2003 of the **Washington Casualty Company (in Rehabilitation)**

Jurat Page

Diskette Filing Portion Only

	REQUIRED	REQUIRED	REQUIRED	REQUIRED	REQUIRED	REQUIRED
June 01	RAAG Current Period Group Code (If first digit is 0, enter an appropriate first, then the number)	RAAG Prior Period Group Code	RAAG Company Code	Employee's ID #	State of Domicile/Port of Entry	Country of Domicile (C)
June 01	COMPANY Name - REQUIRED	425-121-1000			Washington	USA
June 01	Washington Casualty Company (in Rehabilitation)					
June 01	Headquarters Office Street and Number	City	State (2 digit)	Zip	Company Web Address (This field may NOT be blank, insert N/A if none available)	
June 01	1525 - 22nd Place SE, Suite 200	Issaquah	WA	98027-8968	wccasualty.com	
June 02	Main Administrative Office Street and Number	City	State (2 digit)	Zip		
June 02	1525 - 22nd Place SE, Suite 200	Issaquah	WA	98027-8968		
June 03	Mail Address Street and Number or P.O. Box	City	State (2 digit)	Zip		
June 03	1525 - 22nd Place SE, Suite 200	Issaquah	WA	98027-8968		
June 04	Primary Location of Books and Records Street	City	State (2 digit)	Zip		
June 04	1525 - 22nd Place SE, Suite 200	Issaquah	WA	98027-8968		
June 05	Diskette Contact Address	City	State (2 digit)	Zip		
June 05	1525 - 22nd Place SE, Suite 200	Issaquah	WA	98027-8968		
June 06	Policyowner Relations Contact Address	City	State (2 digit)	Zip		
June 06	1525 - 22nd Place SE, Suite 200	Issaquah	WA	98027-8968		
June 07	Statement Contact	First Name	Middle Name	Suffix	Phone	E-mail Address (40 Char limit)
June 07	Salas	Michael	R		425-526-2261	msalas@wccasualty.com
June 08	Diskette Contact	First Name	Middle Name	Suffix	Phone	
June 08	Salas	Michael	R		425-526-2261	
June 09					State Admin Office Telephone Number	
June 09					425-526-2250	
June 04					Primary Location of Books and Records Telephone Number	
June 04					425-526-2250	
June 05					Policyowner Relations Telephone Number	
June 05					425-526-2250	
June 01	PRESIDENT	First Name	Middle Name	Suffix	New Officer #	
June 01	Woodall	John	Stanley			
June 02	SECRETARY	First Name	Middle Name	Suffix	New Officer #	
June 02	Hansen	Robert	Carroll	R		
June 03	TREASURER	First Name	Middle Name	Suffix	New Officer #	
June 03	Mitnicka	Marc	Anthony			
June 04	ACTUARY - Not required for P&C, Health, Title	First Name	Middle Name	Suffix	New Officer #	
June 04						
June 05	VOE PRESIDENTS (The first 25 V.P.'s listed below, are linked to the Jurat Page for Printing)	First Name	Middle Name	Suffix	New Officer #	
V.P. 1	Hall	Sharon	Linda			
V.P. 2	McMahon	James	Patrick			
V.P. 3	Hansen	Robert	Carroll	R		
V.P. 4	Mitnicka	Marc	Anthony			
V.P. 5						
V.P. 6						
V.P. 7						
V.P. 8						
V.P. 9						
V.P. 10						
V.P. 11						
V.P. 12						
V.P. 13						
V.P. 14						
V.P. 15						
V.P. 16						
V.P. 17						
V.P. 18						
V.P. 19						
V.P. 20						
V.P. 21						
V.P. 22						
V.P. 23						
V.P. 24						
V.P. 25						
V.P. 26						
V.P. 27						

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Statement for June 30, 2003 of the **Washington Casualty Company (In Rehabilitation)**
Jurat Page

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Statement for June 30, 2001 of the **Washington Casualty Company (In Rehabilitation)**
 Jurat Page

Director.....78				
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Director.....99				
Director.....00				

Vendor Name	Vendor Version	Vendor Code	Schedule (D) Vendor Pkg	Sub (D) Pkg Code (2 digit code)
Booker Seminars	2.1.7.13	87		

Date of (not required for electronic filing, only for printed pages)

County of (not required for electronic filing, only for printed pages)

Statement for June 30, 2023 of the **Washington Casualty Company (In Rehabilitation)**

Notes
NONE

Sch. Y-Part 1
NONE

**Washington Casualty Company (In Rehabilitation)
SVO COMPLIANCE CERTIFICATION**

The undersigned is an officer of the insurer responsible for reporting investments to the SVO and/or with performing all filings with appropriate state regulatory officials and the NAIC and is therefore required to be familiar with the requirements of such filings. The undersigned officer certifies that, to the best of his or her knowledge, information, and belief, all prices or NAIC designations for the securities reported in this statement have been obtained directly from the SVO except as specifically identified below. The officer further certifies that, to the best of his or her knowledge, information, and belief, since the last filing of a quarterly or annual statement:

1. All securities previously valued by the insurer and identified by a Z suffix have now been submitted to the SVO for a valuation or disposed of by sale or otherwise with the result that all prices and NAIC Designations reported in this statement have been provided by the SVO, except for provisionally exempt and new purchases identified in Schedule D and DA with a Z suffix or items submitted but not yet processed by the SVO.
2. Any newly purchased securities now identified with a Z suffix, shall be submitted to the SVO within 120 days of purchase.
3. All necessary information on securities which have been previously designated NR (not rated due to lack of current information) by the SVO have either been submitted to the SVO by the insurer for a valuation or disposed of by the insurer.
4. All material issuer events have been reported to the SVO.

A material issuer event is a generic or transaction specific credit event of which the insurer is currently aware, which by its nature would signify to a reasonably prudent insurer that a material change in the credit quality or price of the investment or security has occurred. As an illustration, and not by way of limitation, the following shall be deemed to constitute material issuer events:

- a. Recapitalizations or capital restructuring whether within or without Chapter 11 of the US Bankruptcy Code;
- b. Nonpayment, deferral, or payment in kind through waiver of any principal or contractual interest payment;
- c. Any change in the maturity of a security;
- d. Changes in the lender's collateral position, including releases of collateral, or the taking of a collateral position whether by operation of negative pledge covenant or otherwise;
- e. Events of a like character or of a like effect, which would be considered material to an investment professional.
- f. Exceptions

Marc A. Moravicka

Name of Investment Officer

M. Moravicka

Signature of Investment Officer

CFO

Title of Signatory

8/12/03

Date



SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

Designate the type of health care

providers reported on this page.

Physicians - Including Surgeons and Osteopaths

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	3 Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			Amount	Number of Claims		Amount Reported	Number of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL					(5,801)	20,000	1	51.5
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD								
22. Massachusetts.....MA								
23. Michigan.....MI								
24. Minnesota.....MN								
25. Mississippi.....MS								
26. Missouri.....MO								
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH								
37. Oklahoma.....OK								
38. Oregon.....OR	(704)	(704)	100,000	2	89,000			335,798
39. Pennsylvania.....PA								
40. Rhode Island.....RI								
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA	(89,518)	(89,504)	3,173,243	14	3,029,759	10,429,750	88	22,702,123
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. US Virgin Islands.....VI								
56. Canada.....CN								
57. Aggregate Other Alien.....OT	0	0	0	0	0	0	0	0
58. Totals.....	(90,222)	(90,208)	3,273,243	16	3,111,958	10,449,750	89	23,099,476

DETAILS OF WRITE-INS								
5701.....								
5702.....								
5703.....								
5798. Summary of remaining write-ins for Line 57 from overflow page.....	0	0	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 + 5798) (Line 57 above).....	0	0	0	0	0	0	0	0



SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN

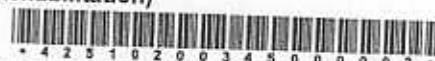
ALLOCATED BY STATES AND TERRITORIES

Designate the type of health care providers reported on this page.
Hospitals

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID	29,069	313,114	1,345,048	7	363,412	260,576	11	2,259.5
14. Illinois.....IL								
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD								
22. Massachusetts.....MA								
23. Michigan.....MI								
24. Minnesota.....MN								
25. Mississippi.....MS								
26. Missouri.....MO								
27. Montana.....MT								
28. Nebraska.....NE					256,104	362,750	5	104.01
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH								
37. Oklahoma.....OK								
38. Oregon.....OR								
39. Pennsylvania.....PA					1,794,928	2,000,000	1	3,621.82
40. Rhode Island.....RI								
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA	5,797,678	4,735,729	6,686,831	24	2,367,948	2,930,243	92	5,184,122
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. US Virgin Islands.....VI								
56. Canada.....CN								
57. Aggregate Other Alien.....OT	0	0	0	0	0	0	0	0
58. Totals.....	5,826,967	5,048,843	8,231,879	31	4,802,392	5,553,569	109	11,169,524

DETAILS OF WRITE-INS

5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page.....	0	0	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 + 5798) (Line 57 above).....	0	0	0	0	0	0	0	0



SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

Designate the type of health care

providers reported on this page.

Other Health Care Professionals, Including Dentists

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL								
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD								
22. Massachusetts.....MA								
23. Michigan.....MI								
24. Minnesota.....MN								
25. Mississippi.....MS								
26. Missouri.....MO								
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH								
37. Oklahoma.....OK								
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI								
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. US Virgin Islands.....VI								
56. Canada.....CN								
57. Aggregate Other Alien.....OT								
58. Totals.....	0	0	0	0	0	0	0	0

NONE

DETAILS OF WRITE-INS							
5701.....							
5702.....							
5703.....							
5798. Summary of remaining write-ins for Line 57 from overflow page.....	0	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 + 5798) (Line 57 above).....	0	0	0	0	0	0	0



Designate the type of health care
providers reported on this page.
Other Health Care Facilities

SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

1 States, Etc.	2 Direct Premiums Written	3 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL					(5,000)			
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD								
22. Massachusetts.....MA								
23. Michigan.....MI								
24. Minnesota.....MN								
25. Mississippi.....MS								
26. Missouri.....MO								
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH								
37. Oklahoma.....OK								
38. Oregon.....OR	147,270	133,955	444,858	4	(5,921)	104,634	14	935,113
39. Pennsylvania.....PA								
40. Rhode Island.....RI								
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA	2,275,701	2,101,574	697,500	8	103,861	601,068	43	4,869,137
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. US Virgin Islands.....VI								
56. Canada.....CN								
57. Aggregate Other Allen.....OT	0	0	0	0	0	0	0	0
58. Totals.....	2,422,971	2,235,529	1,142,358	12	92,960	705,722	57	5,824,250

DETAILS OF WRITE-INS								
5701.....								
5702.....								
5703.....								
5798. Summary of remaining write-ins for Line 57 from overflow page.....	0	0	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 + 5798) (Line 57 above).....	0	0	0	0	0	0	0	0

Supplement A to Sch. T
NONE

Overflow Page
NONE

SUPA5, SUPA